State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SHOTGUN PRODUCTIONS LLC

FILE NUMBER:

200806110154

FORMATION DATE:

02/07/2008

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office Indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 27, 2008,

> **DEBRA BOWEN** Secretary of State

NP-25 (REV 1/2007)

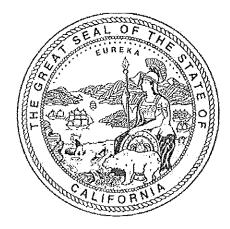
EXHIBITC

State of California Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of _______ page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 2 7 2008

DEBRA BOWEN Secretary of State

LLC-1

200806110154

APPROVED BY SECRETARY OF STATE



LLC-1 (REV 04/2007)

State of California Secretary of State

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

File#_____

In the office of the Secretary of State of the State of California

FEB 0 7 2008

#	4			
A \$70.00 filing fee must acco	ompany this form.			
IMPORTANT - Read instructions before completing this form.		This Space For Filing Use Only		
ENTITY NAME (End the name with the words "Limite may be abbreviated to "Ltd." and "Co." respectively.)	d Liability Company," or the abbreviations	"LLC" or "L.L.C." The w	vords *Limited	d" and "Company"
1 NAME OF LIMITED LIABILITY COMPANY				
SHOTGUN PRODUCTIONS LLC				
PURPOSE (The following statement is required by sta-	tute and should not be altered)			
2 THE PURPOSE OF THE LIMITED LIABILITY COMP COMPANY MAY BE ORGANIZED UNDER THE BEVER			₹ WHICH A	LIMITED LIABILITY
INITIAL AGENT FOR SERVICE OF PROCESS (completed. If the agent is a corporation, the agent must section 1505 and item 3 must be completed (leave item).	of have on file with the California Secreta			
3 NAME OF INITIAL AGENT FOR SERVICE OF PROCES	SS			
Michael R. Doram				
4 IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR	R SERVICE OF PROCESS IN CALIFORNIA	CITY	STATE	ZIP CODE
1028 N. Lake Ave. Ste. 202		Pasaden	a CA	91104
MANAGEMENT (Check only one)				
5. THE LIMITED CIABILITY COMPANY WILL BE MANAGE	D BY			
ONE MANAGER				
MORE THAN ONE MANAGER				
ALL LIMITED LIABILITY COMPANY MEMBER(S)				
ADDITIONAL INFORMATION				
6 ADDITIONAL INFORMATION SET FORTH ON THE ATT OF THIS CERTIFICATE.	ACHED PAGES, IF ANY, IS INCORPORAT	FED HEREIN BY THIS RE	EFERENCE A	ND MADE A PART
EXECUTION			,	
7 I DECLARE I AM THE PERSON WHO EXECUTED THIS	INSTRUMENT, WHICH EXECUTION IS MY	Y ACT AND DEED	در د	TOTAL STATE
February 5, 2008	- Brillad	101		
DATE	SIGNATURE OF ORGANIZER	1 1 1070 A	十份。	一点解放
			12度是	深刻目
	Michael R, Doram		<u> </u>	66000000000000000000000000000000000000
	TYPE OR PRINT NAME OF OR	GANIZER	1574	IMA バス

State of California Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____/ page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 2 7 7008

DEBRA BOWEN
Secretary of State



State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

SHOTGUN PRODUCTIONS LLC

In the office of the Secretary of State of the State of California

APR 0 4 2008

		This Space For Filing Use Only			
DUE DATE: MAY 0 7 2008					
FILE NUMBER AND STATE OR PLACE OF ORGANIZATION					
2. SECRETARY OF STATE FILE NUMBER	3. STATE OR PLACE OF ORGANIZAT	ON			
200806110154	California	•			
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city, Items 4 and 5 cannot be P.O. Boxes.)					
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE			
1028 N. Lake Avenue Ste 202	Pasadena, CA	91104			
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)	ÇITY	STATE ZIP CODE			
1028 N. Lake Avenue Ste 202	Pasàdena, CA	CA 91104			
NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY					
8. NAME " ADDRESS	CITY AND STATE	ZIP CODE			
Ruben Cavazos 3007 Cordova Ct We	st Covina, Califor	nia 91791			
NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MAN PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Altach a	NAGERS, OR IF NONE HAVE ddfilonal pages, if necessary.)	BEEN APPOINTED OR ELECTED,			
7. NAME ADDRESS	CITY AND STATE	ZIP CODE			
Ruben Cavazos 3007 Cordova Ct	West Covina,	California 9 ¹ 791			
8. NAME ADDRESS	· CITY AND STATE	ZIP CODE			
9. NAME ADDRESS	CITY AND STATE	ZIP CODE			
·					
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.) 10 NAME OF AGENT FOR SERVICE OF PROCESS					
Michael R. Doram					
11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVID	DUAL CITY	STATE ZIP CODE			
1028 N. Lake Avenue, Ste 202	Pasadena	CA CA 91104			
TYPE OF BUSINESS Promotional & Licensing se	rvićes				
12 DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LUBILITY COMPANY		STOR OF THE			
13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.	A AM A.B.	15 12/21/20 /20 /20 /20 /20 /20 /20 /20 /20 /20			
RUBEN CAVAZOS (MX)	YN LOVWYU C	WESTER OF V. 5/26/08			
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM LLC-12 (REV 03/2007)	SIGNATURE	APPROVED BY SECRETARY OF STATE			
CLO-14 list Assessi		VELVOASS OF SECULIAN OF STATE			